



FH  
[REDACTED]

**STATE OF WISCONSIN  
Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MAP/153987

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**PRELIMINARY RECITALS**

Pursuant to a petition filed December 09, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03, to review a decision by the Sheboygan County Department of Human Services in regard to Medical Assistance, a hearing was held on January 21, 2014, at Sheboygan, Wisconsin.

The issue for determination is whether the Sheboygan County Department of Human Services (the agency) correctly determined that Petitioner was eligible for MAPP benefits, with a premium, effective November 1, 2013.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: Jan Hinz, Economic Support Specialist  
Sheboygan County Department of Human Services  
3620 Wilgus Ave  
Sheboygan, WI 53081

**ADMINISTRATIVE LAW JUDGE:**

Mayumi M. Ishii  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Sheboygan County.
2. In September 2013, Petitioner completed an annual renewal. (Testimony of Ms. Hinz)

3. On September 23, 2013, the Petitioner submitted a MAPP Employer Verification Form, indicating that he works for a [REDACTED] walking dogs and dog sitting, in exchange for four meals a month, with an estimated value of \$20.00. (Exhibit 3)
4. The meals provided to the Petitioner consisted of Hungary Man frozen entrees, brats, hamburgers or Hamburger Helper. (Testimony of R Adams)
5. On September 30, 2013, the agency calculated Petitioner's income and determined that he is eligible for MAPP benefits with a premium of \$425.00 per month, effective November 1, 2013. (Exhibit 4)
6. The Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on December 9, 2013. (Exhibit 1)
7. During the time in question, Petitioner received \$1,419.00 per month in social security income. (Exhibit 4; testimony of Ms. Hinz)

### DISCUSSION

The MAPP (Medicaid Purchase Plan) program has higher income limits, which allow disabled individuals to work but still remain eligible for Medical Assistance (MA). Wis. Stat., §49.472; *MA Eligibility Handbook (MEH)*, 26.1.

In order to be eligible for the MAPP program, household net income must be below 250% of the Federal Poverty Level (FPL). *MEH* §26.4.2; Wis. Stats. §49.472(3)(a) For a single person household in 2013 this was \$2393.75. See [www.medicaid.gov](http://www.medicaid.gov) Effective February 1, 2013, this limit was raised to \$2431.25. *MEH* §39.5

Per *MEH* §26.4.2 the following formula is used to calculate net income:

1. Determine family earned income. Count the member and his/her spouse's income if residing together.
2. Deduct the \$64 and ½ of the earned income disregard from the spouse and member's earnings. (This amount is equal to gross earned income - \$65 ÷ 2 + \$65. See *MEH* 15.7.5)
3. Deduct the member's impairment related work expenses (IRWE)
4. Determine unearned income. Count the member and his/her spouse's income if residing together.
5. Add the adjusted earned and unearned income together
6. Deduct \$20 from the combined income.

The Petitioner contends that the agency incorrectly calculated his income because the income verification form he submitted on September 23, 2013, incorrectly valued the meals that he receives from [REDACTED] in exchange for taking care of his dogs, at \$20.00 per month. The Petitioner asserts that the total value of the meals is more like \$10.00-\$15.00 per month.

When the agency completed its income calculations in September 2013, it acted with the best information it had at the time, which was the MAPP Medicaid Employer Verification Form provided by the Petitioner. However, the fact remains that the agency did not have detailed information about the meals being provided to the Petitioner.

An R Adams appeared at the hearing and testified he actually feeds the Petitioner closer to three meals a month that consist of either Hungary Man frozen entrees, brats, burgers or Hamburger Helper. Having purchased these items myself, at one time or another, I know that Hungary Man entrees run about \$3.00 each; brats come 5 in a package for about \$4.00 - \$5.00, ground beef runs about \$1.99 a pound and

Hamburger Helper runs about \$2.00 a box on the high end. This would mean Petitioner's portion would run about \$3.00 for a Hungary Man meal, about \$1.00 for a single brat, about \$.50 for a single ¼ pound hamburger patty and about a \$1.00 for ¼ of a Hamburger Helper meal. Even at four meals a month, including a drink and a side dish/chips with the brat and burger, the total value of the meals would not be \$20.00.

Based upon the foregoing, it is found that the best information currently available is that each of Petitioner's meals ran about \$3.00 each, so even at four meals a month that would be \$12.00.

Thus, Petitioner's income calculation would therefore, look like this:

\$12.00 gross earned income
-\$12.00 for the \$65 and ½ earned income deduction
+\$1419.00 unearned gross income
-\$20.00 disregard
<hr/>
\$1399 net income

\$1399 is less than the 250% FPL net income limit of \$2393.75, in effect in 2013, for a single person household. As such, the agency correctly determined that Petitioner was eligible for the MAPP program.

However, individuals with gross income above 150% of the federal poverty level are required to pay a monthly premium to receive MAPP benefits. *MEH* §5.12.5; Wis. Admin. Code §DHS 103.087(1)(b)2. In 2013, 150% of FPL for a single person household was \$1436.25. *See* [www.medicaid.gov](http://www.medicaid.gov) Effective February 1, 2014, the limit was raised to \$1458.75.

Petitioner's gross income was \$1431.00 (\$1419.00 + \$12.00). \$1431.00 is below the \$150% FPL gross income limit of \$1436.25. As such, Petitioner is eligible for the MAPP program without a premium.

### **CONCLUSIONS OF LAW**

- 1) The agency correctly determined that Petitioner was financially eligible for the MAPP program.
- 2) The agency incorrectly determined that Petitioner was required to pay a premium.

**THEREFORE, it is**

**ORDERED**

That the agency certify the Petitioner financially eligible for the MAPP program WITHOUT a premium, effective November 1, 2013 forward. The agency shall take all administrative steps necessary to complete these tasks within 10 days of this decision.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

## **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 21st day of February, 2014.

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\sMayumi M. Ishii  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

Brian Hayes, Administrator  
Suite 201  
5005 University Avenue  
Madison, WI 53705-5400

Telephone: (608) 266-3096  
FAX: (608) 264-9885  
email: [DHAmail@wisconsin.gov](mailto:DHAmail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on February 21, 2014.

Sheboygan County Department of Human Services  
Division of Health Care Access and Accountability